

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

130735

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

03 PLACE OF DEATH 14 AND 98 USUAL RESIDENCE (0307)	1. PLACE OF DEATH A. COUNTY Coconino		B. LENGTH OF STAY IN THIS TOWN 2 wks IN ARIZONA 50 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Navajo	
	C. CITY OR TOWN Flagstaff		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Show Low <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 151	D. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		D. STREET ADDRESS Ranch		(IF RURAL, GIVE LOCATION)	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ida B. (MIDDLE) Bell C. (LAST) Penrod		4. SEX Fem 5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
4 254	6B. NAME OF SPOUSE Dellie C. Penrod		7. DATE OF BIRTH MONTH June DAY 16 YEAR 1902		8. AGE (IN YEARS LAST BIRTHDAY) 51	
	9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Mexico		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
151	14A. FATHER'S NAME Charlie White		14B. BIRTHPLACE (STATE OR COUNTRY) Mississippi		15A. MOTHER'S MAIDEN NAME Almeda Priester	
	16. INFORMANT'S SIGNATURE Dellie C. Penrod		ADDRESS Mississippi		17. DATE OF DEATH (MONTH) Feb. (DAY) 22 (YEAR) 1954	
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 3041 *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) MYELOGENOUS LEUKEMIA, ACUTE		INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____			
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
DEATH DUE TO EXTERNAL VIOLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 15 FEB , 19 54 , TO 22 FEB , 19 54 . THAT I LAST SAW THE DECEASED ALIVE ON 22 FEB , 19 54 , AND THAT DEATH OCCURRED AT 7:20 P .M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE Pw. C. G. G. p.		(DEGREE OR TITLE) M.D.		23B. ADDRESS Flagstaff - Arizona	
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE Feb. 25, 1954		24C. NAME OF CEMETERY OR CREMATORY Pinetop Cemetery	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pinetop, Arizona		25A. DATE REC'D BY LOCAL REG. 2/23/54		25B. REGISTRAR'S SIGNATURE J M Ford	
26. FUNERAL DIRECTOR'S SIGNATURE W. L. Compton		27. EMBALMER'S SIGNATURE W. L. Compton		ADDRESS Flagstaff, Arizona CERT. NO. 258-A		